

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41124

State File No.

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>485</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>819 West 30 St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Esther</u>		b. (Middle) <u>E</u>		c. (Last) <u>A. Benz</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>16</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-3-1872</u>	
9. AGE (In years) <u>78</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>		IF UNDER 1 YEAR Hours <u>1</u> Min. <u>25</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Philip Benz</u>		13b. MOTHER'S MAIDEN NAME <u>Appolonia Leosch</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl F. Benz</u>		ADDRESS <u>819 W. 30th, Indep. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic dyscalculis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>1/2-25-25</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Caseous Tuberculosis upper lobes of rt lung</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Miss C. Seabury</u> (Degree or title) <u>Asst. Deputy Coroner</u>				23b. ADDRESS <u>4050 Bissellway, B.C. Ind. Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 18-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>K 6 Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 27 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Alvin R. Hunschke

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.